

<b>Case Number:</b>	CM14-0169536		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	01/19/2010
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, shoulder, and back pain reportedly associated with an industrial injury of January 19, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; and unspecified amounts of manipulative therapy. In a Utilization Review Report dated October 10, 2014, the claims administrator retrospectively denied trigger point injections apparently performed on September 2, 2014. The applicant attorney subsequently appealed. On September 2, 2014, the applicant received several trigger point injections to the right and left cervical paraspinal musculature, the left and right rhomboid musculature, and the right subscapularis musculature. In a progress note of the same date, September 3, 2014, the applicant was described as having ongoing complaints of neck pain radiating to the head and low back pain radiating to the left leg. It was acknowledged that the applicant had some neuropathic/radicular pain symptoms, pain complaints about the lower extremity. The applicant was asked to continue full-time unrestricted work. The attending provider posited that the applicant's neck and upper back pain were largely myofascial in nature. The applicant did have some depressive symptoms. Multiple myofascial tender points were appreciated. Trigger point injections were endorsed. The applicant did receive earlier trigger point injection therapy on March 24, 2014. The applicant was working full duty as a UPS truck driver, it was noted. 5/5 bilateral upper extremity strength was appreciated with intact upper extremity sensorium noted. The attending provider again suggested that the applicant's neck and upper back pain were myofascial in nature.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Retrospective (DOS: 9/2/14) Trigger Point Injections x 8 to the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

**Decision rationale:** While page 122 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that trigger point injections are recommended for the treatment of chronic low back and neck pain with myofascial pain syndrome in applicants who have documented evidence of functional improvement with earlier injections, page 122 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies the recommendation by noting that no more than three to four injections are recommended per session. Here, however, eight injections were performed, without any compelling rationale to support injection therapy in an amount twice the MTUS parameters. The request as written, thus, is at odds without MTUS principles and parameters. Therefore, the request was not medically necessary.